

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgment before publication.

Canadian Cooperative Trial on Platelet-Inhibiting Drugs

TO THE EDITOR: In the March issue there appears a review article by Dr. H. I. Machleder on "Strokes, Transient Ischemic Attacks and Asymptomatic Bruits." It includes a discussion of the Canadian Cooperative Trial on Platelet-Inhibiting Drugs which is erroneously referenced and erroneous in substance.

The author states that the study consisted of the administration of "placebo, aspirin, aspirin with dipyridamole or dipyridamole alone." Dipyridamole was *not* used in this study. The drugs used were placebo, aspirin, aspirin with sulfinpyrazone (Anturan), or sulfinpyrazone alone. The accurate reference from which he has derived these misquoted data is given below¹ as is the reference to the major report in which the data were presented in their original form.² The reader of the review would be unable to identify this error because of the imperfection in the referencing.

No trial has yet been concluded that tests the benefit of aspirin with dipyridamole. Such a trial is now underway involving ten American and Canadian centers in a collaborative study. There is reason to have some optimism about the combination because the drugs act by different mechanisms. It would appear that dipyridamole (Persantin) acts by interfering with phosphodiesterase and increases cyclic AMP at the platelet membrane. It is probable that aspirin operates by the mechanism described by Dr. Machleder in the review article mentioned. Furthermore, there is *in vitro* evidence that synergism exists between dipyridamole and aspirin. In patients with arteriosclerotic lesions where the platelet survival time has been reduced, Harker and Slichter³ were able to determine that there was a return towards normal platelet survival time with the administration of dipyridamole and that aspirin alone did not alter the platelet survival time but that the

combination of these two drugs brought the platelet survival time to normal.

H. J. M. BARNETT, MD
Professor and Chairman
Department of Clinical
Neurological Sciences
University Hospital
London, Ontario, Canada

REFERENCES

1. The Canadian Cooperative Study Group: A randomized trial of aspirin and sulfinpyrazone in threatened stroke. *N Engl J Med* 299:53-59, Jul 13, 1978
2. Barnett HJM, McDonald JWD, Sackett D: Aspirin—Effective in males threatened with stroke (Editorial). *Stroke* 9:295-298, 1978
3. Harker LA, Slichter SJ: Arterial and venous thromboembolism: Kinetic characterization and evaluation of therapy. *Thrombosis Diathesis Haemorrh* 31:188, 1974

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Dr. Machleder Replies

TO THE EDITOR: Dr. Barnett is absolutely correct in his astute observation. The error was inadvertent, and the drug used in the Canadian Cooperative Trial was indeed sulfinpyrazone and not dipyridamole.

The results of trials with aspirin and dipyridamole will be anxiously awaited from the outstanding group of investigators in Ontario.

HERBERT I. MACHLEDER, MD
Chief, Vascular Surgical Service
Department of Surgery
University of California,
Los Angeles, Center for the
Health Sciences
Los Angeles

VD in China

TO THE EDITOR: There have been many references in the medical and popular press to the supposed elimination of venereal disease in China. The article by Dr. Shulman in the May issue (Shulman AG: Absence of venereal disease in the People's Republic of China. *West J Med* 130:469-471, May 1979) is an example.

That the incidence of venereal diseases in China has been greatly reduced is probably true, and is certainly a significant public health achievement. However, let us not be naive enough to assume that these diseases have been eliminated